

DIVISION OF WORKFORCE DEVELOPMENT AND ADULT LEARNING Maryland GED® Office 1100 N. Eutaw Street, Room 121 Baltimore, MD 21201

GED OFFICE SCHOOL WITHDRAWAL FORM

To register to take the GED® tests if you are 17 or 18: You must provide verification of official withdrawal from school by submitting either the completed School Withdrawal section or the completed Home-School Verification section.

**The ORIGINAL must be returned to the Freestate ChalleNGe Academy.

SCHOOL WITHDRAWAL VERIFICATION FORM						
•		istering for the GED® tests. This form is to ed. The form must have the school stamp o				
official school seal.		DATE// month day year				
Our records indicate that: Full Name		,whose				
student ID # is	and whose birth date is	/ /				

month day year

withdrew from this school on _____/____ after completing grade _____ There is no indication of transfer of records to any other secondary school. SCHOOL SCHOOL STAMP OR EMBOSSED OFFICIAL SEAL

SIGNATURE AND TITLE OF SCHOOL OFFICIAL SCHOOL ADDRESS

HOME-SCHOOL VERIFICATION FORM

This section must be completed by the coordinator of home-instruction in the county where the student resided and must be embossed with the home-school office or school district stamp or official seal.

DA	mont	/ h day	/ year	
Our records indicate that: Full Name				whose
birth date is/ is registered with the	(Name	of Local S	System)	
Department of Education as being home schooled from//	to _	nonth day	/_ ' ye	ear
There is no indication of transfer of records to any other secondary school.				
SIGNATURE AND TITLE OF COORDINA	ATOR C	F HOME	INSTRU	CTION

LOCAL EDUCATION AGENCY STAMP OR EMBOSSED OFFICIAL SEAL

PHONE: 410-767-0538 • EMAIL: ged.dllr@maryland.gov • INTERNET: www.dllr.maryland.gov